

REPORT

OF THE

IRISH PUBLIC HEALTH COUNCIL

ON THE

PUBLIC HEALTH AND MEDICAL
SERVICES IN IRELAND.

Presented to Parliament by Command of His Majesty.



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1920.

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Secretary.

REPORT

OF THE

IRISH PUBLIC HEALTH COUNCIL

ON THE

PUBLIC HEALTH AND MEDICAL SERVICES IN IRELAND.

TO THE RIGHT HONOURABLE THE CHIEF SECRETARY FOR IRELAND.

SIR,

(I.) Following on our appointment as members of the Irish Public Health Council, we were requested by your predecessor in office to formulate proposals, with a view to the submission to Parliament of an Irish Public Health Bill, which would, *inter alia*, place the public health services in Ireland on a wider and more comprehensive basis, and, where necessary, make mandatory on the local health authorities the various adoptive and permissive health enactments. Terms of Reference.

We now desire to submit, for the consideration of the Irish Government, this our Report on the existing defects in the public health and medical services in Ireland, together with our proposals and recommendations for the reform of these services.

PRELIMINARY.

(II.) During the course of our deliberations, we have given careful consideration to the recommendations made by the Viceregal Commission on Poor Law Reform (1906); by the Royal Commission on the Poor Laws (1909) in so far as they relate to Ireland; and by the Departmental Committee appointed in 1913 to consider the question of the extension of the system of medical benefits to Ireland.

(III.) We have also had in mind the representations made last year, to your predecessor, by the deputations representing the medical profession in Ireland, on the subject of the reorganisation of the medical and health services in Ireland, and we have had an opportunity of hearing at fuller length the considered views of the representatives of the Irish Medical Committee on the same subject. Deputations.

The representatives of Approved Societies in Ireland also appeared before us, and urged with much force that medical treatment should be provided in Ireland for insured persons and, if possible, for their dependents.

A deputation from the Irish Division of the Medico-Psychological Association attended before us, and enumerated the defects in the existing system of treatment and care of mental diseases, and submitted certain proposals for the reform of the system.

In addition, representations have been made to us from time to time by public bodies and organisations drawing attention to various defects in the present public health and medical services of Ireland, and suggesting how these defects might be remedied.

(IV.) From our own knowledge and examination of the subject, and from careful analysis of the views and representations laid before us by the interests concerned, we are of opinion that reforms are urgently needed in the existing medical and health services in Ireland generally, and particularly in the following respects. Reforms necessary.

Lack of co-ordination in central control and local administration.

(V). In the first place, there appears to us to be a considerable lack of co-ordination, and a certain amount of overlapping, both in the central control and in the local administration of the public health and medical (including Lunacy and Veterinary) services.

Central control.

As regards the system of central control, there are several Departments in Ireland dealing, more or less independently, with health matters.

The Local Government Board for Ireland is the principal Health Authority in the country, and controls the activities of:

- (a) Boards of Guardians in relation to the administration of the Dispensary Medical System and of Union Infirmaries and Fever Hospitals;
- (b) Rural and Urban Sanitary Authorities, in the administration of the Public Health Acts, &c.; and
- (c) County Councils, in so far as their functions relate to County Infirmaries and Sanatoria, the treatment of special diseases, and the medical treatment of school children, &c.

The Irish Insurance Commission plays an important part in the central control and administration of sickness, disablement, sanatorium, and maternity benefits. This Department is also charged with the administration of domiciliary medical treatment of discharged disabled soldiers, sailors, and airmen.

The Inspectors of Lunatic Asylums supervise the administration of the Lunatic Asylums in Ireland.

The Registrar-General of Births, Deaths, and Marriages in Ireland is responsible for the preparation of statistics intimately relating to the health conditions of the people, and in such capacity it seems anomalous that his Department should be dissociated from the other Health Departments.

Finally, the Office of the Chief Secretary for Ireland is responsible for the administration of certain Acts of Parliament, such as the Anatomy Acts, which have a direct bearing on the education of the medical profession and on surgical efficiency.

Local administration.

(VI). Turning to local administration, we find even a greater lack of co-ordination.

Boards of Guardians are, under the Poor Law and Medical Charities Acts, entrusted with the local administration of the Union Infirmaries and Fever Hospitals and of the Dispensary Medical Service.

The Sanitary Authorities are vested, under the Public Health Acts, with the local administration of sanitary enactments and of maternity and child welfare schemes, and also with functions relating to the provision of hospital facilities.

Finally, the County Councils are either responsible for, or have certain functions in connection with the administration of County Infirmaries, Sanatoria, and Lunatic Asylums. In addition to those functions, County Councils have, by recent legislation, been entrusted with the local administration of schemes for the medical inspection and treatment of school children, and for the treatment of tuberculosis and venereal disease.

Accordingly, there has grown up an enormously complicated system of local health administration, the result of which is that few persons, apart from the officials directly concerned, understand the system or from what sources advice or assistance in regard to hospital treatment, or to questions pertaining to public health generally, can be obtained.

(VII.) Apart from the grants for the Dispensary Medical and Public Health Services, there are four Government Grants in aid of the expenses incurred by local authorities in carrying out special Medical Services. Three of these grants are on a basis of half the net expenditure, and in the other case the grant is three-fourths of the net expenditure of the local authority concerned. The grants in aid of maternity and child welfare schemes are administered by Urban and Rural District Councils, while those in aid of the medical inspection and treatment of school children and of the treatment of tuberculosis and venereal disease are administered by County and County Borough Councils. It is regrettable that the administration of all these grants is not in the hands of the same body.

Government Grants.

Furthermore, the only one of these special services which is mandatory is that devolving upon County and County Borough Councils in regard to the medical inspection and treatment of school children. In many cases local authorities have neglected to formulate schemes for carrying out the other services, and they thereby deprive the inhabitants in their areas of the benefits of these valuable services for which there are such substantial grants available. It will thus be seen that while a Council of a County is required to put into operation a scheme for the medical inspection and treatment of school children, the Urban and Rural District Councils in that county may refuse to undertake any duties in connection with maternity and child welfare schemes. The benefit to be derived from one of the services will be less, and the cost will be relatively greater, if it is not carried out in conjunction with other kindred services. It is obvious that all these services could be carried out with more efficiency and economy if they were co-ordinated under one local authority.

The system of keeping records would be simplified, and would be more complete if carried out on a County basis. The accounts would also be kept more economically and efficiently, as there would be, in each County, only one person, instead of several as at present, responsible for the accountancy of health finance.

The services of medical practitioners, nurses, &c., engaged upon these schemes could be more economically utilised if all the schemes were co-ordinated on a County basis.

(VIII.) The next matter to which we wish to draw attention is the Dispensary Medical System. This system, which was established under the Medical Charities Acts nearly seventy years ago to meet the peculiar economic situation that then existed, has no doubt fulfilled a very useful purpose in the past, but it appears to us that for more modern conditions it requires to be wholly reorganised and developed. It should be completely divorced from Poor Law Administration and re-modelled with a view to removing any possibility of abuse. The area of local control should be extended from the union to the county, and the system linked up with our proposed general County Medical and Hospital System.

Dispensary Medical System requires re-modelling

We will deal further on with the system in so far as it relates to the position of the officers attached to it, and we merely confine ourselves at present to stating that we believe that the present mode of appointment of these officers and the absence of any prospect of promotion for them after appointment are elements which tend to discourage good men from entering the service.

(IX.) The present hospital system in Ireland is disjointed and unsatisfactory, the various classes of such institutions in each county being controlled by different authorities. For example, the County Infirmarys are managed by Infirmary Committees, partly appointed by the County Councils and partly by the Corporations of Governors.

Hospital System should be unified.

The County Sanatoria and Lunatic Asylums are administered by Committees appointed by County Councils.

The Union Infirmarys are under the management of Boards of Guardians.

The Fever Hospitals, with few exceptions, are controlled by the Boards of Guardians, instead of being under the control of the sanitary authorities whose duty it is to prevent the spread of infection.

There is not only great need for the co-ordination of the hospital administration throughout the country, but also for a simplification and unification of the mode of admission to local and special hospitals.

To obtain admission to a hospital at present, certain formalities have to be observed which vary according to the type of institution.

In the case of County Infirmaries, the members of the Committees of Management give the orders for the admission of patients.

In the case of Union Infirmaries and Fever Hospitals, which afford hospital treatment to a considerable proportion of the population, the mode of admission is not direct. The patient is first admitted to the Workhouse on the authority of the Relieving Officer, or, in case of emergency, on the authority of the Master. It then devolves on the Medical Officer of the Workhouse to decide whether the person so admitted is to be sent to the Infirmary, to the Fever Hospital, or to the body of the House.

Medical practitioners have no power to give orders for the admission of a patient to any rate-aided hospital, unless they be Dispensary Medical Officers, and then only in the case of a few fever hospitals under the control of sanitary authorities.

The present system causes delay in the admission of serious cases requiring immediate operation, and in many cases prevents patients being sent to the hospital best suited to deal with the disease from which they are suffering.

It is, therefore, highly desirable that the general control of all rate-aided Hospitals, Infirmaries, Convalescent Homes, Sanatoria, Lunatic Asylums, &c., in each County should be co-ordinated under one County Health Authority, and that the mode of admission to these Institutions should, as far as possible, be simplified.

Provision should also be made for the admission of a patient to the nearest suitable hospital, whether such hospital be situated in the county in which he resides or otherwise.

Voluntary hospitals require further assistance.

(X.) The unsatisfactory financial condition of many of the voluntary hospitals in the larger cities gives rise to great anxiety, and some measure of assistance is essential if these institutions are to be maintained in a state of efficiency.

No provision for medical treatment of insured persons.

(XI.) The absence of any provision for medical treatment of insured persons has an injurious effect on the health of the working classes, and we feel that some system such as we indicate in Part III.* should be made operative as soon as possible.

Adoptive Acts should be mandatory.

(XII.) The permissive character of the enactments relating to the notification of infectious disease and tuberculosis constitutes a danger to the public health of the country that calls for an immediate remedy, and, consequently, we recommend that these enactments be made mandatory.

Unsatisfactory provision for research.

(XIII.) The present arrangements for research in Ireland are unsatisfactory, in view of the fact that there is no provision for carrying on research work in this country with special reference to Irish problems and conditions.

General effect of recommendations.

(XIV.) Our recommendations are framed with a view to effecting:—

- (a) The co-ordination, as far as possible, of the general central control of all the services relating to, or auxiliary to health.
- (b) The re-organisation of local health administration, with a view to placing it, as far as possible, on a county basis; and
- (c) The reform of the medical service system in Ireland, with a view to securing the best possible medical and surgical treatment, including hospital and specialist treatment, for all who are in need of it; and at the same time providing for the members of the medical, &c., professions associated with the service, adequate remuneration, reasonable security of tenure and definite prospects of promotion, due regard being had to the funds that are or can be made available.

* See paragraph XI. *et seq.*

(XV.) We are of opinion that our proposals might suitably be embodied in a Bill comprising five Parts :—

- (1) Central Health Authority.
- (2) Local Health Authorities.
- (3) Medical Service.
- (4) Finance.
- (5) General.

In conformity with this view, our recommendations are grouped under five corresponding heads.

PART I.

* CENTRAL HEALTH AUTHORITY.

(XVI.) We have already alluded to the fact that in Ireland there are at present several Departments dealing with the administration of matters relating to or affecting the health of the people, and we have drawn attention to the lack of co-ordination and the over-lapping of duties and interests which tend to make the system uneconomical and unsound.

Complete co-ordination in central administration necessary.

The scheme of medical service recommended by us in Part III.,* under which medical treatment will be provided for Insured Persons, and for those who are unable to contribute, cannot be successfully and economically carried into effect unless there is complete co-ordination of the Departments which are concerned with the health conditions and with the medical treatment of the various classes of the community.

Accordingly, as a first principle, we recommend that there should be complete co-ordination in the central administration of the medical and public health services in Ireland.

(XVII.) In the second place, we consider it a condition precedent to successful administration by any central health authority that the authority should be in close touch with the public bodies, the medical profession, and the various semi-official and voluntary organisations that are interested in the health conditions of the people.

Local and professional interests should be represented in the central administration.

It appears to us to be essential that local rating authorities should be more closely associated with central health administration.

No comprehensive scheme of health reform can be successfully instituted or carried out without the support of the medical profession.

Furthermore, it seems to us desirable that Approved Societies and voluntary nursing and other health organisations should be directly represented on the Central Health Authority.

The advantages of securing the incorporation of local interests in central administration are two-fold. The local bodies and organisations will be placed in a position to advocate directly the needs of the interests which they represent, and, at the same time, the central authority will be kept fully in touch with, and will be more likely to have the support of, public and professional opinion.

The necessity for co-ordination in central administration and for the incorporation with it of local interests has, to a certain extent, been recognized in the establishment of the Irish Public Health Council; but if effect is to be given to the comprehensive reforms which we now suggest, and which we consider are urgently required, it will be necessary to develop the principle considerably, and to establish a strong co-ordinated Central Health Authority which will be in close touch with public opinion and with the various interests concerned.

* See paragraph XI. *et seq.*

(XVIII.) The problem of applying the above principles presents considerable difficulties, inasmuch as it involves disturbing the machinery of existing administration.

At the outset of our labours in this respect, we endeavoured to devise a scheme whereby the new Central Health Authority would be concerned only with the administration of purely health and medical matters, as distinct from those of an engineering nature, such as lighting, water supplies, sewerage schemes, &c.

(XIX.) With this object in view, several proposals were submitted to, and considered by us, which we will now briefly indicate :-

(A) The first proposal involved the establishment of a Board of Health to which would be transferred :-

- (1) The powers and duties of the Irish Insurance Commission;
- (2) The powers and duties of the Local Government Board, in so far as they relate solely to Dispensary Medical Treatment and Public Health.
- (3) The powers and duties of the Registrar-General of Births, Deaths, and Marriages in Ireland; and
- (4) Certain medical and public health powers and duties of other Departments.

It was intended that this Board of Health should be assisted by an Advisory Council composed of representatives of public bodies and various organisations interested in the health of the community.

After careful consideration it appeared to us that, however desirable this proposal might be, it would be extremely difficult to give it legislative effect, owing to the fact that the purely health functions of the Local Government Board under the Public Health Acts are inextricably bound up with the engineering and other more or less technical functions vested in the Board under those Acts.

(B) Another scheme considered by us involved the establishment of a composite Board of Health comprised partly of official and partly of non-official and representative members. It was intended that this body should be entrusted with the same powers and duties as indicated in the previous proposal.

It appeared after full consideration that this proposal involved two serious objections :-

- (1) The difficulty, already alluded to, of determining and transferring the purely medical and public health functions of the Local Government Board; and
- (2) The inexpediency of entrusting to a semi-official body extensive powers of administration and consequent financial control.

(C). To overcome some of these difficulties, a third scheme was laid before and considered by us. It contemplated the establishment of a Board similar to that proposed in the preceding paragraph (B), but the powers and duties of the composite body were prescribed, and were limited to the control of the new Medical Service * and other cognate matters.

This scheme, which was put forward as a compromise, did not commend itself to the Council generally, as, in addition to possessing certain of the disadvantages of the previous schemes, it appeared to involve the establishment of a new Department with a new staff of officials.

Complete
separation of
principal Health
Departments
necessary.

(XX.) Having carefully considered these proposals and various other suggestions, we have come to the conclusion that, health administration having now become so completely interwoven with other kindred phases of general local government, a separation of the functions of central authorities would be difficult if not impossible, and that the best practical solution is to amalgamate, under one system of central control or Ministry, the several Departments which are now principally concerned with the administration of matters relating to, or affecting the health of the community, and to transfer to the Ministry the health functions of other Departments.

* See Part III.

The Departments affected appear to be :—

- (a) The Local Government Board for Ireland;
- (b) The Irish Insurance Commission.
- (c) The Office of the Registrar-General of Births, Deaths, and Marriages in Ireland.
- (d) The Office of the Inspectors of Lunatic Asylums.
- (e) The Chief Secretary's Office; and
- (f) The Department of Agriculture and Technical Instruction for Ireland.

The question of the amalgamation of the first three Departments appears to present no difficulties.

(XXI.) As regards the Office of the Inspectors of Lunatic Asylums, we are of opinion that lunacy administration is an essential part of the functions of a centralised health authority, and, in view of this, we communicated with the Inspectors on the subject. It appears to us that they are in agreement with the proposal to incorporate them in the Ministry, provided that their Department remains a distinct entity. They also recommend that local lunacy interests should be represented in the central and local systems of administration.

We see no objection to their conditions and recommendations, and have embodied them as far as possible in our proposals.

The Inspectors point out that there are certain administrative functions now exercised by them, under the Act 8 and 9 Vic., Cap. 107*, in connection with the Central Criminal Asylum at Dundrum, which have no relation to health, and which they suggest should not be transferred to the Ministry. We concur in this suggestion, and are of opinion that these functions might be transferred to the Prisons Board.

(XXII.) We have also had under consideration the question of transferring to the Ministry the functions of the Department of Agriculture and Technical Instruction in relation to veterinary services. This transfer has been urged on us by the Association of Veterinary Officers, with the object of co-ordinating medical and veterinary health services. We see considerable force in the representations made to us in this respect, and consider that it would be desirable to have a Veterinary Section attached to the Ministry. However, in view of the strong representations made to us by the Department of Agriculture, protesting against the transfer of their veterinary functions, we feel reluctant at present to recommend that the proposed Irish Public Health Bill should include any specific provision for such a transfer.

(XXIII.) As regards the functions now exercised by the Chief Secretary's Office under the Anatomy and Cruelty to Animals Acts, we consider that these should be transferred to the Ministry.

(XXIV.) Our recommendation, accordingly, is that there should be established a Ministry of Health for Ireland to which should be transferred :—

- (a) All the powers and duties of the Local Government Board for Ireland.
- (b) All the powers and duties of the Irish Insurance Commission.
- (c) All the powers and duties of the Registrar-General of Births, Deaths, and Marriages in Ireland.
- (d) All the powers and duties of the Inspectors of Lunatic Asylums, subject to the exception specified in paragraph XXI.
- (e) The powers and duties of the Chief Secretary for Ireland under the Anatomy Act, 1832, and the Cruelty to Animals Act, 1876.

(XXV.) We recommend also that power should be given to transfer from time to time to the Ministry, by Order in Council, such powers and duties of other Departments as it may be considered desirable so to transfer.

* Central Criminal Asylum (Ireland) Act, 1843.

Under this category might be included the transfer of :—

- (i) any powers and duties of the Department of Agriculture and Technical Instruction for Ireland in relation to veterinary medical services ;
- (ii) certain medical functions now vested in the Home Office under the Factory Acts ; and
- (iii) the medical functions exercised by the Ministry of Pensions.

It would also appear desirable to make provision in the Bill for transferring, from time to time, by Order in Council, from the Ministry such powers and duties as might be more properly exercised by other Departments.

Organisation of
new Central
Authority

(XXVI.) As regards the organisation of the Ministry, two proposals have been considered by us, each of which is supported by a considerable body of opinion in the Council.

In the circumstances, we think it desirable to specify the two schemes briefly, and to indicate in an Appendix* the names of the members who support each scheme respectively.

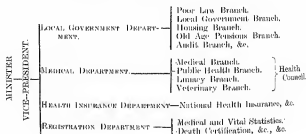
(A) The first proposal involves the establishment of a Ministry of Health for Ireland, more or less on the lines of the English model.

In this case, the Chief Secretary, in accordance with constitutional requirements, would be Minister of Health.

Under him there would be a permanent Vice-President in charge.

The Ministry might be organised somewhat as follows :

MINISTRY OF HEALTH (IRELAND).



Each Department should be in charge of a Commissioner who would be responsible for the work of his own Department, and would have access to the Minister through the Vice-President.

In the cases of the Local Government Department, the Medical Department and the Insurance Department, it would also appear necessary that there should be other Commissioners (in charge of important Branches or Groups of Branches) associated with and subordinate in each case to the Head of the Department.

In case where a matter involves joint decision on the part of the Heads of two or more Departments, such matter should, in case of disagreement, be referred for decision to the Vice-President, or to the Minister, through the Vice-President.

* See page 26.

(B) The alternative proposal involves the establishment of a Central Health Authority constituted as follows :—

PRESIDENT.

(*The Chief Secretary for Ireland.*)

A Board of Health, consisting of a Chairman and permanent members (to be called Commissioners) transferred from the Departments affected.

The members of the Council who support this proposal believe that the Board system is more suited to present Irish conditions than the system which obtains in England, where all the executive power is centred in one individual under a Minister. They represent that in England each Department has its own Minister who attends daily at the offices of the Department; and who, having no other official functions, is able to devote his entire time to guiding the policy of the Department and deciding such questions of administration as are of sufficient importance to be laid before him. In Ireland, where one Minister (the Chief Secretary) unites in his person the duties of several Ministers, it would be impossible for him to devote his attention to any one Department, with the result that he must leave to the permanent heads very wide powers, and be content to act on the report of his subordinates. The effect would be, in their opinion, if the English system is followed, to give to the permanent head such powers as it would be undesirable to concentrate in one person.

On the other hand they feel that a Board of co-equal members, with a permanent Chairman to co-ordinate the work, will assure the Minister that all decisions arrived at on administrative matters are the considered opinion of a number of men with collective responsibility.

From the point of view of the Irish public, they believe that the Board system is more likely to be looked upon with favour when it is recognised that the Board is so constituted as to carry weight with every interest affected.

They also feel that it possesses advantages from the point of view of administrative efficiency and economy. The preparation of the estimates for what were previously separate services will be the work of one body, whose duty it will be to adjust the requirements of the different sections, to prevent overlapping, and to effect economies. The Minister and the Treasury will know that the estimates have been rigorously scrutinised by the members of the Board, with a view to seeing that no particular section will receive more than its just share of public money to the detriment of the other sections.

Finally, they desire to point out that, in framing the Bill for the establishment of a Board of Health for Scotland, the difference between the Scottish and English conditions was fully recognised, and the Board system, such as they advocate, adopted.

(XXVII.) The general policy and principles of administration of the public health and medical services, and of all activities of the Ministry directly concerning health under either of the systems indicated above, should be subject to the general control and direction of a Health Council comprising representatives of the local health authorities, of the medical and allied professions, and of other organisations concerned with medical and health services. The Commissioner in charge of the Medical Department should be Chairman of the Council.

Questions relating to the general system of appointment, promotion, &c., of the officers in the medical and public health service, and all matters of principle in regard to the medical treatment of insured and poor persons should be referred to the Council.

Questions involving new legislation upon medical and health matters, and also questions relating to research should come before the Council.

As regards the constitution of the Council, we suggest that it might comprise:—

- Six Representatives of Local Health Boards.*
- Four Representatives of the Medical Profession.
- One Representative of the Dental Profession.
- One Representative of Veterinary Surgeons.
- One Representative of Nurses; and
- Two representatives of Approved Societies.

The Ministry should be empowered to frame Rules governing the election and term of office of the members of the Council, and also in relation to the proceedings of the Council.

As already suggested, the Commissioner in charge of the Medical Department of the Ministry should be permanent Chairman of the Council, and should have the right to give a casting vote in case of equality of voting.

We consider that it would be mutually advantageous to the Ministry and the Council if Commissioners in charge of other Departments or Branches were permitted to attend the meetings and take part in the proceedings of the Council, but we think that it would be expedient that they should be precluded from voting at the meetings, as it might prove embarrassing for them to administer a policy against which they had recorded a vote, and *vice versa*.

Advisory
Committees

(XXVIII.) The Council should also be empowered, with the concurrence of the Ministry, to establish from time to time small Committees, composed partly of members of their own body and partly of other persons, to deal with special and technical subjects such as research, tuberculosis, lunacy, &c.

If it is considered advisable, the other Departments might also be empowered to establish consultative Councils or Committees on the same lines, to advise on matters relating to the work of their particular Departments.

Provision should be made for ensuring that the members of these Councils and Committees are adequately remunerated for their service to the Ministry.

Staffs of
Departments
affected.

(XXIX.) We presume that the staffs of the existing Departments concerned in our proposals will be retained as far as necessary, and that their existing rights and interests will be safeguarded.

We anticipate that, consequent on the proposed amalgamation, there will be some scope for economy and reduction of staff; and we think it desirable to recommend that suitable financial provision should be made for any officers prejudicially affected by the change.

PART II.

LOCAL HEALTH AUTHORITIES.

Necessity for
wider areas of
local adminis-
tration

(XXX.) Attention has already been drawn to the absence of co-ordination in the local administration of the public health and medical services of the country, due to the fact that in each County there are several more or less independent authorities charged with public health and medical functions.

In addition to this defect, many of the areas of administration are so restricted as to prevent proper and efficient service being rendered. In the first place, the authorities responsible for the administration of the health services in these small areas are frequently deterred from undertaking necessary reforms through the fear of imposing an undue financial burden on the ratepayers in their area.

* See paragraph XXXI.

Secondly, it is possible that an enterprising sanitary authority may find its efforts at reform or improvement neutralised by the indifference or inactivity of the authority of an adjoining district.

Finally, under the present system the administration of the public health service in a district cannot be carried out on broad comprehensive lines, as the efficiency of the service largely depends on the Medical Officer concerned, whose functions and interests are confined to the district, and whose activities are correspondingly prescribed and limited.

Infection and disease have little, if any, relation to arbitrary administrative boundaries, and it appears to us that wider and more uniform areas of local control and administration are essential, if the health and medical services of the country are to be placed on a proper footing.

(XXXI.) We accordingly strongly recommend that the local unit of administration for all matters pertaining to health and medical services should be the County or County Borough, as the case may be, and that in each County and in each County Borough there should be established a Board of Health which should be the administrative health authority for the area concerned.

The County should be the area of Local Administration.

(XXXII.) We also consider it desirable that in each County and County Borough there should be a County Medical Officer of Health, who would act as Medical Adviser to the Health Board, and who would be generally responsible to the Board for the supervision of the public health and medical services in the County or County Borough.

Necessity for having County Medical Officers of Health.

(XXXIII.) Before dealing with the constitution of the Health Boards, it appears desirable to specify what their precise functions should be.

Functions of local Health Boards.

In the first place, they should be entrusted with the local administration of the system of medical treatment of insured persons and of poor persons either at their homes, at clinics, or dispensaries, or in the public hospitals and other kindred institutions.

They should also control the treatment of persons in their respective areas who are suffering from tuberculosis or from mental or other special diseases.

Finally, the Health Boards should be entrusted with the local administration of schemes for the medical treatment of expectant and nursing mothers and of young children, as well as of schemes for the medical inspection and treatment of school children.

In order that these services may be fully correlated and satisfactorily carried out, it appears to us that the whole system of hospital and institutional treatment of the sick in each County and County Borough should be co-ordinated under the Health Boards. To give effect to this, it will be necessary to transfer to the Health Boards or to Committees appointed by, and subordinate to them, the management of County Infirmarys, District Hospitals, Sanatoria, Lunatic Asylums, Public Convalescent Homes, &c.

This will involve the abolition or re-organisation of Infirmary Committees, Tuberculosis Committees, Insurance Committees, Asylum Committees, &c.

As the Health Boards will take over the functions of the present Insurance Committees, except those relating to deposit contributors, we recommend that these Committees be abolished, and that the administration of sickness, disablement and maternity benefits for deposit contributors be transferred to the Ministry.

It is desirable that the management and control of union infirmaries and fever hospitals should, as far as possible, be transferred from Boards of Guardians to the Health Boards in order that the whole hospital system in each County and County Borough may be linked up under one system of control, and freed from association with Poor Law administration.

We realise that this transfer cannot be effected by a general provision, owing to the difficulty, in many cases, of separating the union infirmary from the workhouse as a whole; but, in some cases, it will be possible to utilize as district hospitals existing workhouse buildings which are no longer required for Poor Law purposes, while in other cases, where the Poor Law hospitals or infirmaries cannot be separated from the workhouses, the Health Boards should be empowered to provide such other hospital accommodation as may be required.

Accordingly, it appears to us that provision should be made for transferring these Poor Law institutions to the Health Boards from time to time, by Order in Council.

Similarly, in the case of the other institutions referred to above, it would seem desirable to provide for their transfer by Orders in Council applicable to particular counties or even to particular institutions or Committees.

It would be possible to make provision in these Orders for the future control and management of the various institutions transferred, due regard being had to the preservation of existing rights and interests.

(XXXIV.) (1). Turning to the preventive side of public health administration, we think that the principles of the co-ordination of administration and of the widening of the areas of control already alluded to, can best be effected by reducing, as far as possible, the number of sanitary authorities in each County.

Excluding County Borough Councils and Port Sanitary Authorities, there are 304 sanitary authorities in Ireland, i.e., 94 urban authorities and 210 rural authorities.

(a) So far as public health administration in rural areas is concerned, it appears to us that there would be little difficulty involved in, and considerable advantage to be derived from, the transfer to County Health Boards of the powers and duties of rural sanitary authorities.

(b) As regards urban sanitary authorities, we realise that, as these bodies are separate rating authorities, and possess, under the Public Health and local Acts, extensive powers of a purely local nature, it would not, perhaps, be practicable or expedient at present to transfer all their public health functions to County Health Boards, especially in the case of the larger urban areas.

At the same time, we are of opinion that the system of public health administration in urban as well as in rural districts should, as far as possible, be co-ordinated under a county scheme. Doubtless, a certain measure of co-ordination will be derived from the inclusion of Urban Medical Officers of Health within the scope of the Irish Medical Service under our proposals in Part III. Nevertheless, we would further suggest that provision should be made for transferring to the Health Boards, by agreement or otherwise, the public health functions of the Councils of smaller urban districts, i.e., of districts with populations of 5,000 and under.

In the meantime we recommend that the following powers and duties of all Urban Sanitary authorities be transferred forthwith to the County Health Boards:—

- (i) In regard to maternity and child welfare schemes under the Notification of Births Acts of 1907 and 1915.
- (ii) In regard to the provision of hospital accommodation and facilities under Sections 155 and 156 of the Public Health (Ireland) Act, 1878.
- (iii) In relation to the treatment and prevention of infectious disease.

(2) The powers and duties of Boards of Guardians under the Vaccination Acts should also be transferred to the Health Boards.

(XXXV.) The functions vested in or transferred to the Health Boards might be exercised by the Boards themselves, or, in certain cases, it might be found necessary or expedient to delegate some of these functions to District Health Committees.

In such cases it would be well if the approval of the Ministry were obtained for the constitution of the Committees, in order to ensure that adequate representation would be given on these Committees to the councils of the rural and urban districts concerned.

(XXXVI.) The above remarks and recommendations (Paras. XXXIV. and XXXV.) apply principally to the future health administration in the County as distinct from the County Borough. In the case of the latter areas of administration there should be no difficulty experienced in carrying out the principle of co-ordination, as each County Borough Council at present combines the functions of a county council and of an urban sanitary authority. Consequently, it only remains to transfer to the Health Board of each County Borough the appropriate sanitary powers and duties in respect of their area, in addition to the powers and duties of Boards of guardians in relation to dispensary medical treatment and under the Vaccination Acts.

Application to
County
Boroughs.

(XXXVII.) Turning now to the question of the constitution of the Health Boards, we consider it desirable that these bodies should not be unduly large, but that at the same time they should be of sufficient size to allow for suitable representation of the various interests concerned.

Constitution of
Health Boards.

The most important interest to be provided for is that of the ratepayers, and it appears to us that at least one-half of the number of elective members on each Board should be elected by the Council of the County or County Borough concerned.

The insured persons in each County and County Borough should be adequately represented on the Boards, in view of the fact that a considerable portion of the funds to be administered will be contributed by them or on their behalf. We suggest that they should be represented to the extent of one-fourth of the elective members in each case.

The remaining elective members might be distributed as follows:—

One-eighth of the elective members to be elected by the registered medical practitioners resident in the area; and

One-eighth to be elected by nursing and other voluntary health organisations in the County or County Borough.

On the above basis, we suggest that the Health Boards might comprise twenty-five, thirty-two, or forty elective members; the size of the Board in each case being determined by the County or the County Borough Council, as the case may be, with the approval of the Ministry.

For instance, it would seem to us that a Board of twenty-four would be sufficient for a County like Carlisle, while in the case of a large County like Cork, it might be considered necessary to have a Board of forty, in order to provide sufficient representation for the various parts of the County and the interests concerned.

In order to secure the services of other persons interested in health matters who may not be included in the classes referred to above, we think it desirable that the Health Boards should be empowered to co-opt additional members up to a limit of one-eighth of the number of elective members in each case.

We also recommend that the Ministry should be empowered to frame statutory rules governing the election of the members of the Health Boards, and in relation to disqualification for membership, term of office, conduct of business, &c.

As regards disqualification for membership, we presume that the rules in this respect will generally be in conformity with the Acts and Orders relating to disqualification for membership of County Councils, &c., but we think it desirable that part time Medical Officers, persons in Holy Orders, or regular Ministers of any religious denomination should not be ineligible for membership of a Health Board or of any Committee appointed by it.

County
Veterinary
Officers of
Health should be
appointed.

(XXXVIII.) (1) We recommend that in each County there should be a County Veterinary Officer of Health, being a duly qualified Veterinary Surgeon, appointed like other Medical Officers of Health under the arrangements for the Irish Medical Service proposed in Part III. of our Report. This officer would act as adviser to the Health Board on all matters relating to the veterinary services of the County, including meat and milk supplies, and would be responsible for the general supervision and carrying out of these services. The County Veterinary Officer should in each case be invested with all the appropriate statutory powers of a Medical Officer of Health.

County Nursing
service.

(2) We also recommend that each Health Board should be required to appoint district medical and surgical nurses, or to enter into agreement with voluntary associations for the provision of such nurses under such terms and conditions as may be approved by the Ministry, for the purpose of undertaking domiciliary nursing.

Under such an arrangement the various nursing services in each County would be linked up, and the Health Board would have at its disposal a staff of nurses available for duty in all parts of the County.

Others.

(3) Subject to the approval of the Ministry, power should be given to the Health Boards to appoint such officers (other than those referred to in Part III.) as may be required to fix scales of salaries and superannuation for these officers, including nurses; and to regulate their duties.

Existing
Officers.

(4) As far as possible the services of existing officers of Infirmary, Insurance, &c., Committees should be retained, and provision should be made for compensating any existing officers whose interests or rights are prejudicially affected in consequence of the abolition or reorganisation of any Committee.

County
Infirmary
Surgeons.

(5) As it is possible that certain Infirmary Surgeons may not desire, or may not be required to transfer to the new Irish Medical Service referred to in Part III., we consider that provision should be made in the Bill for granting to them superannuation allowances based on their service, and commensurate with the duties they have been performing.

Infirmary nurses.

(6) Provision should also be made for granting pensions to existing Infirmary Nurses.

County
Ambulance
System.

(XXXIX.) (1) We also recommend that each Health Board be required to provide a County Ambulance Service available for the conveyance of patients throughout the County. This would be far more economical than the present system of local ambulances which are in many cases obsolete in type. For this service the Health Boards should be empowered to enter into agreements with voluntary ambulance associations where such are available.

Telephones.

(2) The efficiency of the public health and medical service in each County will, to a considerable extent, depend on the facilities for inter-communication, and we consider it essential that the County Medical Officers of Health should be in direct telephonic communication with the various hospitals and other kindred institutions in their respective Counties, and also as far as possible with the local Medical Officers.

We accordingly recommend that the Health Boards should be empowered to contribute towards the cost, or give guarantees in respect of the installation of necessary telephone facilities in their respective areas.

PART III.

MEDICAL SERVICE.

Dispensary
Medical
system to be
transformed.

(XL.) We recommend that the existing Dispensary system of providing medical treatment for poor persons be completely transformed and that, in lieu thereof, a system of medical treatment be provided (as part of the general hospital, &c., system under control of the Health Boards)—

(i.) for insured persons on a contributory basis; and

(ii.) for those who are admittedly unable to contribute towards the cost of such treatment.

Medical
treatment to be
provided for
insured persons.

We also consider that the system should be extended to persons who, though not compulsorily insured, might equitably be admitted to the benefits of the service on a contributory basis.

(XLI.) As regards the future medical service in Ireland, we are agreed that drastic reforms are necessary with a view to improving the conditions under which the members of the medical profession will be called upon to carry out the medical treatment of the classes referred to above.

Establishment
of an Irish
Medical Service.

(XLII.) The Vice-Regal Commission on Poor Law Reform (1906) strongly advocated the establishment of an Irish Medical Service paid by the State and appointed as a result of competitive examination under arrangements made by a Central Authority.

(XLIII.) The Royal Commission on the Poor Laws (1909) were unable to subscribe to this recommendation, on the grounds that it would be unsound to charge the cost of the service to the State, and that, in such circumstances, Parliament would not be likely to sanction a proposal depriving local authorities of a voice in the selection of their medical men seeing that they would have to bear the greater part of the cost of the service.

(XLIV.) No doubt the introduction in 1909 of a State Service would have presented the difficulties contemplated by the Royal Commission. We would, however, point out that since the passing of the National Insurance Act of 1911 the State has accepted financial responsibility in relation to the treatment of the sick, in respect of which, up to the present, Ireland has not received her full share. If, as we suggest, Ireland's share of this contribution is now applied towards the cost of providing medical treatment for insured persons in Ireland (and if possible for their dependents) as well as for those who are unable to pay, it will to a great extent meet the cost of an Irish Medical Service and so justify the appointment, &c., of the members of the service being placed in the hands of a Central Authority.

(XLV.) The advantages of such a system are so numerous and so obvious that we consider it unnecessary to labour the matter. It will therefore be sufficient to state that under such a system (which it is hoped will offer to medical men inducements comparable with, if not superior to those afforded in the Royal Army Medical Corps and similar services) it will be possible to obtain the best men, and to provide for them reasonable prospects of promotion, opportunities for study leave, and pensions on retirement.

(XLVI.) The idea of a National Medical Service was advocated by the Committee appointed in 1913 to consider the extension of medical benefits to Ireland.

(XLVII.) The principle has also been considered and approved by the medical profession, and formed one of the recommendations made last year to your predecessor by deputations representing the medical profession in Ireland.

The question of converting the Asylum Medical Service into a National Service also formed the subject of a recommendation made to us by a deputation representing the Irish Division of the Medico-Psychological Association.

(XLVIII.) Accordingly, we recommend the establishment of an Irish Medical Service, the members of which should be appointed by the Ministry as a result of competitive examination, and should be eligible for promotion in the service, and entitled to superannuation.

(XLIX.) (1) The service should include:—

- (a) The medical and surgical staffs of the county and district hospitals, sanatoria, and lunatic asylums.
- (b) The Medical and Veterinary Officers of Health; and
- (c) The medical practitioners responsible for the medical treatment of the classes referred to in Para. XXXIII.

The classes to be
embraced in the
Irish Medical
Service.

(2) The Medical Service should also be required to undertake the medical treatment of Government Servants in respect of whom special arrangements are now made, e.g., Postmen, Constables, &c.

Application of
the scheme to
certain urban
areas.

(L.) We feel, however, that the introduction of such a scheme may involve difficulties, the removal of which would possibly require considerable time and further discussion with the interests concerned. For example, it has been represented to us that in the larger industrial areas it may be difficult to introduce a system of salaried medical officers responsible for the treatment of insured persons resident in particular areas.

(LL) We realise that there is much force in these representations, and that it would not be desirable, or perhaps possible, to deal with the problem on stereotyped lines, and it may be necessary to exclude temporarily from the application of the scheme certain specified areas.

Scheme for the
Irish Medical
Service to be
framed by the
Ministry.

(LIL) For this reason we think that the scheme might more properly be carried into effect, wholly or in part, by the Ministry after fuller consideration and in co-operation with the new Health Authorities and the other interests concerned; and we consider that, for the present, it would be sufficient if the Bill contains a provision requiring the Ministry to frame a scheme for the establishment of an Irish Medical Service centrally appointed and controlled, and entrusted with the duties referred to above.

(LIII.) The scheme should make provision for transferring to the new Service, as far as possible, registered medical practitioners who are now connected with the medical and public health services in Ireland, and for preserving their existing rights.

Power should be given in the scheme for the incorporation in the Service, without competitive examination, for a limited number of years, of medical men who are now practising amongst the classes which will be entitled to treatment under the new Service. The scheme should also permit of the Officers in the Service (with certain limited exceptions, such as County Medical Officers of Health and School Medical Officers, &c.) undertaking private practice.

(LIV.) It should also provide for the application of the scheme with modifications to certain specified areas where it is considered that the scheme in its general form would be unsuitable or unworkable.

(LV.) The scheme when framed (either in whole or in part) should, we presume, be laid before Parliament for the usual period of one month.

Classes of the
community
entitled to
Medical, &c.,
treatment under
the new scheme.

(LVI.) We have had under consideration the classes to be entitled to treatment, both general and hospital, under the new Service, and while we are agreed that the insured persons, and also those unable to pay, should be eligible without limitation, the further question of including dependents of insured persons and also a limited voluntary class presents some difficulties not altogether of a financial character. We, accordingly, recommend that the question of the inclusion of the dependents of insured persons should be considered by the Ministry, at an early date, in consultation with the medical profession and the representatives of Approved Societies, with a view to arranging the terms and conditions of such inclusion.

We are satisfied that there is also a fairly large class of persons who, though not insured, correspond socially or industrially to the insured class, and who might be included as voluntary contributors. The income limitation of this class will be a matter for arrangement between the Ministry and the medical profession.

PART IV.

FINANCE.

(LVII.) During the course of our deliberations we have had constantly before our minds the financial effect of the various proposals considered by us, as we realise that it would serve no useful purpose to submit recommendations which would involve an undue burden on the State, the ratepayers, or on other classes whose interests are affected.

(LVIII.) At the same time, we are confident that we have the support of public opinion in asserting that reforms in the hospital system and in the medical and public health services of Ireland are urgently needed, and that additional financial assistance is necessary and justifiable if such reforms are to be effected. Additional funds necessary.

(LIX.) It is generally admitted that the whole hospital system in Ireland (particularly in the case of the voluntary hospitals in the larger cities) requires development and further financial assistance, if the fullest advantage is to be derived from it, and if suitable and adequate hospital treatment is to be available for all classes of the community who are in need of it. Rate-aided and voluntary hospitals require further financial assistance.

As regards the county infirmaries, which will come under the administration of the Health Boards, we recommend that all existing legislative financial restrictions be removed and that the Health Boards be empowered to develop and improve these institutions in accordance with the requirements of their respective counties.

We have already recommended that the Health Boards be vested with general powers and duties of sanitary authorities, including the power given under Sections 155 and 156 of the Public Health (Ireland) Act, 1878, to send patients to extern hospitals and to pay for their treatment, etc., at those institutions. As Section 156 at present stands, in such case the sanitary authority can recover cost of hospital maintenance from the patient only, and there is no statutory liability on a father or husband to pay for the maintenance of his child or wife, respectively, in hospital. We accordingly recommend that the words "in the case of a patient who is a married woman or infant, from the husband, or parent, or guardian of such patient," should be inserted after the words "to the sanitary authority" in Section 156.

If this provision is fully availed of, it should prove a source of considerable augmentation to the funds of the voluntary hospitals in the larger cities, without imposing an undue burden on local rates, having regard to the substantial recompense that would be available from State grants.

We also recommend that the administration of the existing State grants to certain voluntary hospitals in Dublin be transferred to the Ministry, and that the Ministry be empowered to supplement the grants to these institutions and to make grants to other voluntary hospitals in Ireland, out of the funds which we recommend should be placed at the disposal of the Ministry from State and Insurance sources.

In our estimates we have allocated for this purpose an annual sum of £150,000, which amount will, in our opinion, be required if these institutions are to be maintained in a proper state of efficiency.

(LX.) As already pointed out, we consider that an adequate scale of remuneration must be provided for the members of the Irish Medical Service.

(LXI.) We have worked out, provisionally, a statement of estimated liabilities under our scheme, and have endeavoured to arrive at an equitable method of meeting these liabilities. At the present stage of our work, we are not in a position to give a detailed statement of expenses and income, and we therefore confine ourselves to indicating the figures which we have accepted as a provisional working basis for our proposals. Provisional estimate of funds required.

(LXII.) Taking the medical and public health service as a whole, on the debit side we have tried to estimate the total cost of the medical service, the hospital system, the provision of general and special clinics, the treatment of tuberculosis and venereal disease, the public health service and the nursing and various other services connected with the new system.

Suggested
sources of
income.

Insured persons
to pay twopenny
per week.

(LXIII.) On the other side of the account, in connection with the problem of finding funds to meet the cost of these services, we have, in the first place, worked on the following principle, which we recommend, *i.e.*, that insured persons in Ireland shall be asked to contribute 2d. per week, in return for which they will have the advantage of the whole system of medical and surgical treatment, including medicines and nursing, whether provided at their houses, at clinics, or in hospitals.

We understand that there are now about 750,000 insured persons in Ireland, and that, perhaps, the number of additional voluntary insurers may be reckoned at 100,000.

Funds to be pro-
vided by the
State and from
the Rates on
"Hobhouse
Principle."

(LXIV.) Secondly, we recommend that the net cost of the public health and medical services, after deducting any receipts from paying patients, Insurance and other public sources, shall be borne, half by the State and half by the Rates. We recognise that this may impose an additional burden on the State, but the principle is one that was applied prior to 1902, and has now been again recognised and admitted in recent legislation and financial administration, *e.g.*, Public Health (Medical Treatment of Children) (Ireland) Act, 1919. It has also been adopted in the case of local schemes for treatment of tuberculosis, and is now generally referred to as the "Hobhouse Principle."

(LXV.) Working on these premises, the following tables show, as far as we can estimate, the financial effect of our proposals.

TABLE A.

(LXVI.)—*Funds required.*

	£
(1) Medical Service (salaries and pensions) ...	750,000
(2) Voluntary Hospitals ...	150,000
(3) County Hospitals, etc. ...	100,000
(4) District Hospitals ...	500,000
(5) Midwives ...	40,000
(6) Nurses ...	104,000
(7) Medicines ...	100,000
(8) Compounders ...	15,000
(9) Clinics ...	60,000
(10) New Services, <i>e.g.</i> , (a) Maternity and Child Welfare (b) Treatment of Children (c) Treatment of Venereal Disease (d) Research, etc.	150,000
(11) Tuberculosis Schemes ...	120,000
Total ...	£2,179,000

TABLE B.

(LXVII.)—*Funds available from Insurance sources.*

	£
(1) 750,000 Insured persons at 2d. per head per week, average 48 weeks per year ...	900,000
(2) State Grant, 6s. 6d. per insured person ...	243,750
(3) 100,000 additional insured persons at 10/- per annum ...	50,000
(4) 100,000 × 6s. 6d. State Grant ...	32,500
(5) Sanatorium Benefit ...	45,000
(Insured, £35,000; State, £10,000).	
Total ...	£671,250

TABLE C

(LXVIII)—*Apportionment on "Hobhouse Principle."*

	£
Total Funds required	2,179,000
Funds available from Insurance sources	671,250
Deficit	£1,507,750

On the "Hobhouse Principle" this deficit will be chargeable as follows:—

Rates	£753,875
State	753,875

TABLE D.*

(LXIX)—*Comparison with present arrangements (exclusive of Insurance items).*(1) *Present Charge on Rates.*

	£
(a) Poor Law Medical Service	551,300
(b) County Infirmarys	41,005
(c) Tuberculosis Schemes	41,769
(d) Maternity and Child Welfare Schemes	2,307
(e) Salaries of Medical Officers of Health	14,500
(f) Treatment of Venereal Disease	3,300
Total	£654,301

(2) *Present Charge on State.*

	£
(a) Poor Law Medical Service	316,369
(b) Tuberculosis Schemes	41,769
(c) Maternity and Child Welfare Schemes	2,307
(d) Treatment of Venereal Disease	10,000
(e) Treatment of School Children	1,500
(f) Salaries of Medical Officers of Health	7,431
(g) Hospitals	16,228
Total	£395,604

(3) *Summary (excluding Insurance Charges).*

	Present Charge.	Future Charge.	Increase.
	£	£	£
Rates	654,301	753,875	99,574
State	395,604	753,875	358,271

(LXX).—In submitting these figures, we desire to make it clear that they are to a considerable extent estimates and approximations, and possibly might not stand the test of actuarial criticism. For example, in Table D, we have set down certain figures representing the present charges on the Rates and to the State, respectively, for the Poor Law Medical Service, including the medical treatment of the inmates in workhouse infirmaries. As the published Union accounts do not show separately the cost of treating and maintaining the sick as distinguished from the cost of maintenance of the ordinary inmates, we found it necessary to resort to the expedient of taking a proportion of the total cost under both heads. After careful consideration of the various factors involved, we came to the conclusion that the cost of hospital maintenance was 52·8 per cent. of the whole.

* Prepared from latest statistics available at time of compilation. From more recent figures published it would appear that there has been an upward tendency under the several heads of expenditure.

New financial
proposals.

(LXXI.) Generally speaking, from the point of view of new legislation, our financial proposals involve two important principles:

- (1) The payment of an additional 2d. per week by insured persons in Ireland for medical and hospital treatment.
- (2) Provision for the payment to the Ministry of the State Grants for Insured persons (*vide* Table B), in addition to the funds required to meet half the annual deficit on the "Hobhouse Principle," as specified in Table C.

(LXXII.) This would involve modification of the provisions of the various enactments that relate to State grants in aid of medical and health services in Ireland, regard being had to the preservation of the rights of any existing local authority to a share in such grants in respect of expenditure upon medical and health services not transferred from such authority to a Health Board.

(LXXIII.) As regards the actual working of the financial scheme recommended by us, we consider that all funds from State and Insurance sources should be administered and controlled by the Ministry, which should be directly responsible for the payment of the salaries, etc., of the officers employed in or attached to the Irish Medical Service.

Local financial
schemes.

(LXXIV.) The Health Board of each administrative area should be required to submit each year a detailed scheme embodying a statement of their estimated commitments for the ensuing financial year. The scheme should, in each case, classify the expenditure according to its liability to be levied as a county or district charge, under rules to be prescribed for that purpose. It is our opinion that expenditure upon any medical or health service which is not clearly of purely local benefit should be met by a rate levied over the whole area in respect of which the service is administered.

(LXXV.) When all the schemes so submitted are received and approved, the Ministry will be in a position to determine the respective amounts payable to each Health Board by the Ministry, and each Health Board should make a demand on the County or County Borough Council concerned for the balance of the amount required to meet the approved expenditure. It should be mandatory on such County or County Borough Council to meet this demand.

Asylum
finances.

(LXXVI.) It will be observed in our calculations that we have not taken into consideration the question of Asylum finances. In this connection, we may point out that for Asylum services in the year 1917-1918 the Rates contributed £656,200, as against a Government capitation grant of £186,271. When the State Grant of 4/- per head, per week, was fixed in 1875, it represented practically half the cost of maintenance. At the present time the proportion contributed by the State is only about one-fifth.

With the present information at our disposal, we do not feel in a position to recommend that the State should undertake to bear half the net cost of the maintenance of these institutions. At the same time, we consider that the Asylum Medical Officers should be incorporated in the Irish Medical Service and paid direct by the Ministry; and we recommend that the whole question of Asylum administration and finance should be considered separately, at the earliest possible opportunity, with a view to effecting such reforms and financial adjustments as will lighten the present burden on the rates, and secure in the future a more equitable distribution of liability as between the State and the ratepayers.

(LXXVII.) The above recommendations represent, in a general way, our views as to the most suitable and uniform method of financing the medical and health services of Ireland; but, as already pointed out, the figures given by us are provisional.

If the principles we recommend are considered acceptable we shall prepare and submit to you a more detailed financial statement.

PART V.

GENERAL.

(LXXVIII.) In this part of our Report we deal with matters of a general nature.

(LXXIX.) In the first place, we recommend that tuberculosis should be scheduled as an infectious disease, and be made compulsorily notifiable throughout Ireland. We have received many representations on this subject, and the necessity for such a provision appears to be universally accepted.

Tuberculosis should be compulsorily notifiable.

This will involve the modification of Section 3 of the Tuberculosis Prevention (Ireland) Act, 1908.

(LXXX.) Similarly, we recommend that the Infectious Disease (Notification) Act, 1889; the Infectious Disease (Prevention) Act, 1890, and Part IV. of the Public Health Acts Amendment Act, 1907, be amended so as to remove their present adoptive or permissive character, with a view to applying the provisions of these enactments compulsorily throughout the whole country.

Adoptive Acts should be made mandatory.

(LXXXI.) We feel that the present conditions in respect of facilities for research work in Ireland are unsatisfactory. Under the Ministry of Health Act, 1919, the Minister of Health for Ireland is charged, *inter alia*, with the duty of initiating and directing research; but under existing conditions there is no machinery available to enable him to carry out this duty with particular reference to the problems and conditions arising or prevailing in Ireland. Closely associated with this duty is that of collecting, preparing, publishing and disseminating information relating to health.

Provision should be made for research work in Ireland.

It appears necessary, therefore, that the control of these services should form an essential part of the functions of the Ministry of Health for Ireland.

The Medical Officers engaged in treating disease should be encouraged to record the results and experience they gain in practice, so that the information acquired may be available for the guidance of scientific investigators in endeavouring to fathom the many problems associated with the causation of disease. There should be systematic collection, tabulation and analysis of sickness rates and of other information derived from the records of the Medical Officers as well as from institutional experience. This would open up a large field of useful information not hitherto made available by those who are in a position to obtain the necessary particulars. This information would be of the greatest possible assistance in the prosecution and elucidation of further scientific investigations relating to the prevention and treatment of disease.

Since the enunciation of the germ theory, the origin of many diseases has been attributed to a particular or specific organism, but it is now recognised that the germ plays only a part and that there are many other factors, as yet undetermined, acting and re-acting within the individual affected.

The war has shown how much can be done by organised research, as evidenced by the improved methods of the treatment of wounds, and the advance made in knowledge regarding the prevention of enteric fever and other diseases. These developments demonstrate the vast possibilities that present themselves in connection with investigation into the causation and treatment of disease.

Too much stress, therefore, cannot be laid on the importance of having ample funds provided for the purpose of carrying out a comprehensive system of medical research under the direction of an Irish Ministry of Health.

At present the State funds available for research work are administered for the United Kingdom as a whole by the Medical Research Committee, but it appears to us that research work in Ireland could be more efficiently conducted under the control and direction of the Ministry of Health for Ireland, as contemplated by the Act of 1919 referred to above.

We accordingly recommend that the Irish share of these funds should be placed at the disposal of the Irish Ministry, and that, in addition, provision should be made by Parliament for the allocation of additional funds to enable the Ministry to carry out special research work adapted to the needs and special conditions prevailing in this country.

SUMMARY OF RECOMMENDATIONS.

(LXXXII) The following is a summary of the principal recommendations made by us :—

A. (1) The co-ordination of the system of central control of the medical and public health services in Ireland by the establishment of a Ministry of Health for Ireland to which should be transferred :—

- (a) All the powers and duties of the Local Government Board for Ireland.
- (b) All the powers and duties of the Irish Insurance Commission.
- (c) All the powers and duties of the Registrar-General of Births, Deaths and Marriages in Ireland.
- (d) The powers and duties (with certain exceptions) of the Inspectors of Lunatic Asylums in Ireland.
- (e) Certain powers and duties now exercised by the Chief Secretary for Ireland and other Government Departments in relation to health.

(2) The formation within the Ministry of a Health Council, composed of representatives of public and professional interests, to which will be entrusted the general direction of policy in regard to the administration of the medical and health services in Ireland.

B. The unification of the existing systems of local administration of medical and public health services by the establishment in each County and County Borough of Health Boards, which would be responsible for the local administration of :—

- (1) The public hospitals, sanatoria, asylums, etc., in their respective areas of control.
- (2) The system of medical treatment of insured persons and of those who are unable to pay.
- (3) Schemes for the medical treatment of expectant and nursing mothers, and of young children, and for the inspection and medical treatment of school children.
- (4) Schemes for the treatment of tuberculosis and other special diseases.
- (5) The general public health system in their respective areas (with the exception of certain local services in urban areas).

C. The transformation and development of the present dispensary medical system into a system freed from association with Poor Law administration, and under which insured persons, on a contributory basis, as well as persons who are unable to pay, will be entitled to receive medical, hospital and specialist treatment.

D. The establishment of an Irish Medical Service, appointed (by competitive examination) and paid by the Ministry, from which will be provided the Medical and Veterinary Officers of Health, the medical and surgical staffs of the various public hospitals, sanatoria, asylums, etc., as well as the medical officers engaged in the treatment of the insured and of poor persons.

E. The modification of the existing system of State subventions for medical and public health services and the substitution therefor of a scheme under which the net expenditure of the Local Health Boards, after deducting receipts from Insurance, etc., sources, will be defrayed in equal proportions by the rates and the State.

F. The amendment of the various adoptive Acts of Parliament relating to the notification of tuberculosis and other diseases, with a view to making those Acts mandatory in their application to the country generally.

G. The transfer to the Ministry of Health for Ireland of the general control and direction of research work in Ireland.

(LXXXIII.) In view of possible changes in the system of Government in Ireland, we think it well to state that, while our recommendations and proposals are primarily intended to be applied to all Ireland, we are of opinion that they would be equally suitable and could, without difficulty, be applied to any constituent part of the country.

(LXXXIV.) In conclusion, we desire to acknowledge our warm appreciation of the services of the Secretary to the Council, Major George A. Harris, D.S.O., whose ability and wide administrative experience were most valuable to us, not only in framing the scheme of the Report, but also in assisting us to solve the many difficult problems which arose from time to time.

To Mr. T. J. Fallon, M.B.E., Assistant Secretary to the Council, and to the other members of the staff we are also deeply indebted for the very valuable assistance rendered in connection with the preparation of this Report.

We have the honour to be, Sir,

Your obedient Servants,

R. COEY BIGGER, *Chairman*.

H. A. ROBINSON.

EDMUND BOURKE.

EDWARD F. STEPHENSON.

JOSEPH A. GLYNN.

WILLIAM J. MAGUIRE.

M. L. DICKIE.

WILLIAM J. THOMPSON.

ALICE BARRY.

JOHN W. MOORE.

ROBERT J. ROWLETTE.

ELIZABETH KENMARE.

JULIA MCMORDIE.

PATRICK KERLIN, C.C.

JAS. M'L. GALLAGHER.

J. EWING JOHNSTON.

JOHN DRENNAN.

GEO. A. HARRIS,

Secretary,

33 St. Stephen's Green, Dublin,

10th May, 1920.

APPENDIX.

ORGANISATION OF PROPOSED CENTRAL AUTHORITY.

(Paragraph XXVI. of the Report.)

A. We, the undersigned members, are in favour of the scheme of a Ministry of Health more or less on the English model, outlined in Paragraph XXVI. (A) of the Report.

E. COEY BIGGER, *Chairman.*

H. A. ROBINSON.*

EDMUND BOURKE.

EDWARD F. STEPHENSON.

ALICE BARRY.

JOHN W. MOORE.

ROBERT J. ROWLETTE.

ELIZABETH KENMARR.

JULIA McMORRIS.

J. EWING JOHNSTON.

*Subject to reservation.

B. We, the undersigned members, are of opinion that the new Central Authority should be organised on the Board principle indicated in Part XXVI. (B) of the Report.

JOSEPH A. GLYNN.

WILLIAM J. MAGUIRE.

M. L. DICKIE.

WILLIAM J. THOMPSON.

PATRICK KERLIN, C.C.

JAS. M. GALLAGHER.

JOHN DRENNAN.

RESERVATION BY SIR H. A. ROBINSON.

While agreeing with the majority of my colleagues who consider that the precedent of the English Ministry of Health Act represents the only practical method by which the consolidation of all Departments concerned in public health administration could be effected, I do not wish to be taken as definitely recommending the adaptation of the English system to the Irish public health services when transferred to the Parliaments of northern and southern Ireland, which are to be set up under the Government of Ireland Bill.

H. A. ROBINSON.